WASHINGTON STATE PATROL FIRE PROTECTION BUREAU OFFICE OF THE STATE FIRE MARSHAL

STATE FIREWORKS IMPORTER, MANUFACTURER, AND/OR WHOLESALER LICENSE APPLICATION

This purs Was	Date Received									
Importer Manufacturer Wholesaler \$ 1,000 License Fee \$ 2,000 License Fee \$ 2,000 License F						For Official Use				
	Company Seeking A Washington State Fireworks License:									
Nam of F	irm			Phot Nun	_					
Con Add	nplete Business ress									
Add	nplete Mailing ress (if erent)									
Chie	ef Executive cer					Years In Business				
	E-Mail Federal Identification Number (FDID)				ation					
	Designated Agen	at Within Washington State (I	License Conta	ct Person – Will A	Appea	r On License):				
Nam		8		Phon Nun	ne					
Complete Mailing Address										
	List the Name, Positi	on, Address, and Phone Num	ber of Three I	ndustry Referen	ces (Tl	nis or other states):				
1)	Name	,		Phoi Nun	ne	,				
1)	Complete Mailing Address									
2)	Name			Phot Nun						
	Complete Mailing Address									
3)	Name			Phot Nun	-					
	Complete Mailing Address									
		Applicant Company Back	ground Ques	stions		Yes/No				
Has any member of the firm been cited for state or federal fireworks violations? Has any member of the firm been convicted of a felony or misdemeanor in the past ten years? Has any member of the firm forfeited a bond for a felony or misdemeanor in the past ten years?										
Doe	Does the firm hold a current Fireworks License in another state? (If yes, please provide a copy)									
		fire or accident as a result of lamage to another's property		•	itv?					

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List ALL firework storage sites, giving add The director of the Fire Protection			
ADDRESS/LOCATION		TYPE	QUANTIT
			_
			_
			_
The Fireworks Storage Site(s) is (are) licensed by	by: BATF Lo	&I Please include a c	opy (copies)
Describe, in detail, the va	rious firework activities	you intend to engage in.	
	Additional Details:		
I hereby certify that I have carefully read and an and the regulations of the director of the Fire Prewith all provisions contained therein.			
I further certify that all information contained in misrepresented information can constitute suffic			
Signature Of Applicant (Primary)	Signature C	Of Applicant (Co-Applican	t)
Title	Title		
Date	Date		

Your completed application must be returned to this office by January 31 of the year you wish your company to be licensed. Your application must include articles of incorporation and the proper licensing fee and be mailed to:

Washington State Patrol Fire Protection Bureau Post Office Box 42600 Olympia, WA 98504-2600